SCHEDULE E)	PAGE 1 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC		
	C C00495028	
	M M / D D / Y Y Y Y	
Check If 24-hour report 48-hour report New report Amends report f	iled on 09 21 2012	
Full Name (Last, First, Middle Initial) of Payee		
Murphy Vogel Askew Reilly LLC	Date	
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 901 N. Washington Street		
Suite 400	Amount	
City State Zip Code	2473.00	
Alexandria VA 22314	Transaction ID : D643117	
	Office Sought: House State: MN	
Media Production Costs Type	Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Raymond J. Cravaack	Check One: Support X Oppose	
Colordon Vens To Date Day Floring	Disbursement For: Primary General	
Laterial real-10-pate relieution	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Putnam Partners LLC	Date	
Estimate	09 / 20 / Y Y Y Y Y Y Y	
Mailing Address 2601 Wilson Boulevard		
Suite 201	Amount	
City State Zip Code	11700.00	
Arlington VA 22201	Transaction ID : D643354	
Modia Production Costs	Office Sought: House State: FL	
Type	Senate District: 18	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Allen B. West	Check One: Support Oppose	
	Disbursement For: Primary General	
for Office Sought 126482.05	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	14173.00	
(a) GGS TOTAL OF NOTINGO INCOPPORTED IN EXPORTANCES	14173.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) CODITOTAL OF CHIROMEZON MOOPONDONE EXPONDING COMMISSION CONTROL COMMISSION CONTROL	7 7	
(c) TOTAL Independent Expenditures		
(c) 10112 masponasii Exponataros	7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
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Shannon Roche	M = M / D = D / Y = Y = Y	
[Electronically Filed] Date Signature	09 21 2012	
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SCHEDULE E)	PAGE 2 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC	C C00495028	
Check If 24-hour report X 48-hour report New report X Amends report	rt filed on 09 21 2012	
Full Name (Last, First, Middle Initial) of Payee	5.	
Waterfront Strategies	Date	
Mailing Address 3050 K Street, NW		
Suite 100	Amount	
City State Zip Code	114782.05	
Washington DC 20007	Transaction ID : D643355	
Purpose of Expenditure Television Advertising Category/ Type	Office Sought: House State: FL Senate District: 18	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Allen B. West	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Waterfront Strategies	M M / D D / Y Y Y Y	
Mailing Address 3050 K Street, NW	09 20 2012	
Suite 100	Amount	
City State Zip Code Washington DC 20007	2863.72 Transaction ID : D643356	
Purpose of Expenditure Media Production Costs Category/ Type	Office Sought: House State: NC Senate District: 07	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
David C. Rouzer	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	117645.77	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Shannon Roche	M = M / D = D / Y = Y = Y	
[Electronically Filed] Date Signature	09 21 2012	
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SCHEDULE E)	PAGE 3 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC	C C00495028	
Check If 24-hour report X 48-hour report New report X Amends report filed	on 09 / 21 / 2012	
Full Name (Last, First, Middle Initial) of Payee Mack Crounse Group	Date	
·	09 / 20 / Y Y Y Y	
Mailing Address 2001 N. Beauregard Street	Amount	
City State Zip Code	1000 04	
Alexandria VA 22311	1608.04 Transaction ID : D643379	
	e Sought: House State: OH	
	President District: 16	
Name of Federal Candidate Supported or Opposed by Expenditure: James B. Renacci Chec	ck One: Support X Oppose	
Diah		
Calendar Year-To-Date Per Election for Office Sought 443343.42	ursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Mack Crounse Group	M M / D D / Y Y Y Y	
Mailing Address 2001 N. Beauregard Street	09 20 2012	
	Amount	
City State Zip Code Alexandria VA 22311	23627.06	
	Transaction ID : D643380 e Sought:	
Direct Mail Type	Senate District: 16	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
James B. Renacci	ck One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For: Primary General	
Tot Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	25235.10	
(a) SSS TOTAL OF INSTITUTE OF I	20200.10	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Shannon Roche	M / D D / Y Y Y Y	
Signature [Electronically Filed] Date	9 21 2012	

SCHEDULE E)	PAGE 4 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC	C C00495028	
Check If 24-hour report X 48-hour report New report X Amends report file	ed on 09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee		
Waterfront Strategies Estimate	Date	
Mailing Address 3050 K Street, NW	09	
Suite 100	Amount	
City State Zip Code		
Washington DC 20007	10697.81	
Purpose of Expenditure Category/ Category/	Transaction ID : D643357 ffice Sought: ✓ House State: NV	
Media Production Costs Type	Senate District: 03	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
	neck One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	sbursement For: Primary General Other (specify)	
Full Name (Leat First Middle Initial) of Payer	<u> </u>	
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies	Date	
Mailing Address 3050 K Street, NW	09	
Suite 100	Amount	
City State Zip Code		
Washington DC 20007	78595.13	
Purpose of Expenditure Category/	Transaction ID : D643358 Transaction ID : D643358 Transaction ID : D643358 State: NV	
Television Advertising Category/ Type	Senate District: 03	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
Joe Heck	neck One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	sbursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	89292.94	
(a) SOBTOTAL OF HOMEZON INDEPENDENT EXPONDITURES	03232.34	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Shannon Roche [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	
Signature		

SCHEDULE E)	PAGE 5 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
House Majority PAC	C C00495028	
Check If 24-hour report X 48-hour report New report X Amends report filed	d on 09 21 2012	
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies	Date	
Mailing Address 3050 K Street, NW	09 / 21 / Y Y Y Y	
Suite 100	Amount	
City State Zip Code	00074.40	
Washington DC 20007	99674.16 Transaction ID : D643359	
Purpose of Expenditure Television Advertising Category/ Type Office	Ce Sought: House State: WV Senate District: 03	
Name of Federal Candidate Supported or Opposed by Expenditure: Richard R. Snuffer Che	President Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disl	oursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Mack Crounse Group	Date 09 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 2001 N. Beauregard Street	Amount	
City State Zip Code Alexandria VA 22311	23627.06	
Purpose of Expenditure Category/ Type Officer	Transaction ID : D643381 ce Sought: House State: OH Senate District: 16	
Name of Federal Candidate Supported or Opposed by Expenditure: James B. Renacci Che	President Oppose	
Calendar Year-To-Date Per Election for Office Sought J 443343.42 Disl	oursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	123301.22	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	369648.03	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	09 21 2012	
Signature		